

NC Pre-Kindergarten is a free high-quality state program designed to strengthen four-year-old student's academic, classroom, and social skills. Children must be four on August 31, 2021. The family must meet income eligibility guidelines.

Before you apply, read frequently asked questions and review eligibility at www.theAllianceforChildren.org under NC Pre-K.

To apply, turn in a complete application packet with copies of all documents below:

- _____ **This Fully Completed Application Form** **AND**
- _____ **A Copy of Child's Birth Certificate** (If you are a legal guardian, custodian, or foster family, provide legal documents) **AND**
- _____ **Two Proofs of Residency** (examples: recent utility bill, insurance card, driver's license with parent's name/current address) **AND**
- _____ **Proof of household income** (provide **copies of all current sources** of family income: four consecutive recent check stubs **or** 2020 W-2 **or** 2020 tax return. Include alimony, SSA, SSDI, child support, disability, unemployment, etc. Mark through all social security numbers. If paid cash, provide a signed, dated statement from employer listing the employee's name, hours worked and weekly income with business name, supervisor's contact name and signature and phone number for verification. **AND**
- _____ **Site Options and Eligibility Form** – You provide transportation, indicate sites that are easy for you to drop off and pick up every school day. Child placement is based on program eligibility and available spaces.

Note: Have your doctor complete the Health and dental forms. You will give these to your child's school if your child is enrolled. The forms are not a part of the application eligibility packet but are provided for your convenience.

Student's Information

Please complete each line and print clearly

First Name:	Middle	Last
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Complete Address:	Street	City	State	Zip Code
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Age: _____ <small>Child must be 4 by August 31, 2021</small>	Child's Birthday ____/____/____ <small>Month Day Year</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Language child speaks at home and with friends:
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Race: (check ALL that apply): Black/African American White or Latin American American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
 Asian Other Race (specify): _____ **Ethnicity (check one):** Hispanic/Latino Non-Hispanic/Latino

Does this child have a parent who is actively serving in the military or injured during military service? No Yes (attach military LES or documentation/child is NC Pre-K eligible regardless of family income with military paperwork and all required documents)

Child Lives With: Both parents Mother Father Other _____ Foster Parent * Legal Guardian or Legal Custodian* (*attach copies of legal documents)

Did the child attend childcare at 3 years of age? No Yes Does your family receive a DSS childcare voucher now? No Yes (apply by calling DSS at 704-296-4339)

Who cares for this child during the day now? List childcare/parent/caregiver here: _____

Does your child have a chronic health condition, or a significant health concern diagnosed by a doctor? No Yes explain _____

Does your child have an active Individual Education Plan (IEP)? No Yes * (If over NC Pre-K income eligibility, include a copy of medical support plan or IEP with application)

Does your child receive support services now for speech, a special need or disability? No Yes _____ speech _____ OT _____ PT Other _____

Where? UCPS (list site) _____ Private service provider (list company): _____

Do you have a concern about your child's development (learning, speech, hearing, or behavior)? No Yes Concern? _____

Please complete each line for family members who live in the child's home. Print clearly

Mother Stepmother Female Guardian **Full Name:** _____

Full Address: (Street, City, State, Zip Code) Same as child Own _____ Rent _____ Live with family member _____
Other _____

Home #:	Work #	Cell #
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*Email – print clearly: _____ Employer _____ Weekly Gross (before tax) Income \$ _____

Check ALL that apply: Employed Unemployed Looking for work High School or GED program In Job Training
 Attending College # hours per week? _____

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Male Legal Guardian First Name/Father _____ Last Name/Father _____	Full Address: (Street, City, State, Zip Code) _____ <input type="checkbox"/> Same address as child
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Father's Email: _____	Father/Male Caregiver Phone #: _____	Work # _____
<input type="checkbox"/> Employed How many hours per week? _____ Employer: _____	Father/Male Caregiver: Check all that apply: <input type="checkbox"/> Looking for work <input type="checkbox"/> Attending College Where? _____ <input type="checkbox"/> In Job Training <input type="checkbox"/> In High School/GED program	<input type="checkbox"/> Unemployed Father's weekly before tax Income \$ _____

List parents, stepparents, legal guardians, brothers, sisters, half-brothers and sisters, step brothers and sisters living in child's home.

Clearly Print -	First and Last Name	Relationship to the Pre-K Child	Birthdate & age	Where do siblings attend school?
1.				
2.				
3.				
4.				
5.				
6.				

If more, attach list with application Total number of family members listed above (include Pre-K student) _____

Emergency Contact Information List a close friend or family member for contact if parents cannot be reached in an emergency

Emergency Contact: _____	Relationship to Child: _____
Home Phone: _____	Work Phone: _____
	Mobile Phone: _____

Home Language Survey Your child will be assessed in the language you list below* Please answer with this in mind.

Language the child learned to speak?	Second language?	Most often? *
Primary language of the Mother?	Second language?	Primary/ Father? Second language?

Please read this information and sign below:

- I give my permission for NC Pre-K staff, UCPS EC or Title 1, NC Pre-K teachers and/or classroom support staff to share documents, discuss my child's progress and needs for classroom or outside support to best serve my child.
- I understand that this application is for possible enrollment following NC Pre-K eligibility guidelines.
- I give permission for my child to be photographed and/or videotaped for display, scrapbook, newspaper articles, and/or posting to social media, Facebook or websites.
- I agree that my child will attend Pre-K on time and on a regular basis and I will work as a team with my child's teachers and staff.
 - **My child's up to date immunization (shot) records and a physical/dental exam form completed by a physician must be provided to the site/school upon enrollment.**
 - **Health and dental screening forms at www.theAllianceforChildren.org under NC Pre-K.**

My signature below certifies that all information on this application and the documents I provided is accurate, true, and completed correctly.

Mother/Caregiver Signature: X _____ Date _____ I receive no income of any kind _____ Initial here

Father/Caregiver Signature: X _____ Date _____ I receive no income of any kind _____ Initial here

Thank you for applying for North Carolina Pre-Kindergarten!

Double check your documents! Then: Mail, fax, or drop off :complete packets to:



NC Pre-K ~2661 W. Roosevelt Blvd., Suite A ~ Monroe NC 28110

Phone: 704-238-8917 or 704-226-1407 Fax: 704-226-1369

Questions? See the NC Pre-Kindergarten "Frequently Asked Questions" under NC Pre-K at: <https://theallianceforchildren.org/>

NC Pre-K Application Checklist:

To apply, turn in a complete application packet with copies of **all documents** below:

_____ Fully Completed Application Form

AND

_____ A Copy of Child's Birth Certificate

(If you are a legal guardian, custodian, or foster family, provide legal documents)

AND

_____ Two Proofs of Residency (parent's name and current address)

Options: recent utility bill, home/car insurance bill, driver's license, W-2, local tax bill

AND

_____ Proof of household income

Provide **copies of all current sources** of family income: One month of consecutive recent check stubs **or** 2020 W-2 **or** 2020 tax return. Include alimony, SSA, SSDI, child support, disability, unemployment, etc. Mark through all social security numbers.

If paid in cash, provide a signed, dated statement from employer listing the employee's name, hours worked and weekly income with business name, supervisor's contact name, signature and phone number.

AND

_____ **Site Options and Eligibility Form** You provide transportation, indicate sites that are easy for you to drop off and pick up every school day. Child placement is based on program eligibility and available spaces.

Note: Health and dental screening forms are provided for your convenience.

Have your doctor complete the Health and dental screening forms and gather a copy of your child's most recent immunization records. You will give forms to your child's school if your child is enrolled.

Insider Tips!

You can look at the income eligibility table and know right away if your child (four by August 31) is eligible for NC Pre-K!

The income table is under the NC Pre-K tab at www.theAllianceforChildren.org along with Frequently Asked Questions designed to help parents.

NC Pre-K classes closely follow UCPS calendars and start at the end of August.

Typically, families are notified by a phone call from the NC Pre-K site in July after eligibility is determined by the Alliance for Children.

Incomplete application packets cannot be processed and delay eligibility! Help speed up the process by double checking to see if your child's packet is complete!

Thank you for applying for the North Carolina Pre-Kindergarten Program!



NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

Birthdate (M/D/YYYY):

School Name:

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: Yes No

Concerns related to student's vision:





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January 2016rev

Hearing screening information:

Passed hearing screening: Yes No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: Yes No

Medical Provider Comments:

Please attach other applicable school health forms:

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health
HEALTH AND HUMAN SERVICES

Dental Screening Form

When the Kindergarten Health Assessment (KHA) Form is used to complete the NC Pre-K child's health assessment, a **dental screening** must also be completed (10A NCAC 09 .3005 Child Health Assessment). The child's health assessment must include a dental screening, which may be recorded on this form.

Child's Name: _____
Birth date: ____/____/____
Gender: Male Female
Parent or Guardian: _____
Address: _____
City: _____
Phone number: _____ School/Pre-K: _____

Screener's Name _____ Screening Date ____/____/____

Organization/Practice Name _____

Phone number _____

Professional affiliation (please check one):

- Dentist
- Dental Hygienist
- Physician
- Physician Assistant
- Registered Nurse
- Other Health Professional: _____

Pattern of early childhood cavities:

- No cavities/decay present or no obvious problem
- Cavities/decay present or dental care needed (comment required)
- Referral for Urgent Care (comment required)

Comments:
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Signature _____

Date _____